

OTHER IRS CODE SECTION 125 DEDUCTIONS REQUESTED

<u>INSURANCE PLAN</u>	<u>PREMIUM AMOUNT</u>	<u>PAY PERIODS</u>	<u>TOTAL ANNUAL AMOUNT</u>
GROUP HEALTH	_____	x _____ =	_____
DENTAL	_____	x _____ =	_____
VISION	_____	x _____ =	_____
_____	_____	x _____ =	_____
_____	_____	x _____ =	_____
TOTAL =			_____

HEALTH FSA EXPENSE ESTIMATION WORKSHEET - OPTIONAL

<u>COMMON MEDICAL EXPENSES</u>	<u>AMOUNT</u>	<u>NOTES</u>
Deductibles & Co-pays:	_____	_____
Prescriptions:	_____	_____
Dental:	_____	_____
Vision:	_____	_____
Over-The-Counter/Alternative:	_____	_____

TOTAL ANNUAL EXPENSES: _____ divide Total Annual Expenses by the number of pay periods to get the per pay period deduction amount.

- List all eligible out-of-pocket medical expenses for you, your spouse, and your dependents.
- Items which promote general good health, such as vitamins, supplements, weight loss programs, and massage, are ineligible without a doctor's prescription for the item to treat a specific medical condition.
- The full annual amount elected is available for eligible medical expenses incurred at any time during the plan year.

DEPENDENT CARE FSA

- A dependent receiving care must be a child under the age of 13, or a tax dependent unable to provide for their own care, who resides with you.
 - The care must be necessary for you and your spouse (if married), to go to work or for your spouse's education.
 - Care may be provided by anyone other than your spouse or your children under the age of 19.
 - Expenses for schooling, kindergarten and above, overnight camp and nursing homes are not reimbursable.
 - The maximum you can elect, in a calendar year, is equal to the smallest of the following:
 - \$5,000 – Married and filing federal taxes jointly or a single parent
 - \$2,500 – Married and filing a separate federal tax return
 - you or your spouse's earned income
- An employee with a disabled spouse or a spouse who is a full-time student can elect up to \$250/month for one child and \$500/month for two or more children.
- The amount contributed, up to the amount of your annual election, is available for reimbursement.
 - Do not include medical expense amounts in the day care account box.

- All elected "Before-Tax" amounts are exempt from Federal, State, FICA, and Medicare taxes.
- "Before-Tax" elections may reduce future Social Security benefits.
- Be conservative in the amount of your election. Any amount that is not used during the plan year will revert back to your employer. If you have a large expense coming up that you are not sure is reimbursable, call or email Allegiance:

1-877-424-3570

Flex-inquire@askallegiance.com